

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

(18)

Mail Service

PLAINTIFF

Workinger

ORIGINAL

COURT CASE NUMBER

CV-01-130

11810
15
Kane

DEFENDANT

Henderson, USPS

TYPE OF PROCESS

SAC

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

The Attorney General, DOJ

ADDRESS (Street or RFD, Apartment/No., City, State and ZIP Code)

AT

Washington DC 20530

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Phone Numbers, and Estimated Times Available For Service):

Fold

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

The Attorney General
DOJ
Washington, DC
20530

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ DEPARTMENT OF JUSTICE
☐ Agent
☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

FEB 6 2001

 Service Type:
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

TELEPHONE NUMBER

DATE

DO NOT WRITE BELOW THIS LINE

USMS Deputy or Clerk

Date

As shown in "Remarks", the process described for corporation, etc., shown at the address inserted below.

named above (See remarks below)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

am

2/6/01

pm

Signature of U.S. Marshal or Deputy

Andrea Randall

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

8.00

8.00

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Workinger</u>		COURT CASE NUMBER <u>CV-01-130</u>						
DEFENDANT <u>Henderson, USPS</u>		TYPE OF PROCESS <u>SC</u>						
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>U.S. Attorney</u>							
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Harrisburg, PA</u>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:								
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>			Number of process to be served with this Form - 285		Number of parties to be served in this case		Check for service on U.S.A.	
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Check for service on U.S.A.								

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>67</u>	District to Serve No. <u>47</u>	Signature of Authorized USMS Deputy or Clerk <u>Andre Lavelle</u>	Date <u>2/1/01</u>
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)


Name and title of individual served (if not shown above) <u>PAT WISCOUNT (SECRETARY)</u>		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service <u>2/5/01</u>	Time <u>11:30</u> am
		Signature of U.S. Marshal or Deputy <u>[Signature]</u>	
Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors) <u>—</u>	Forwarding Fee <u>—</u>	Total Charges <u>45.00</u>
Advance Deposits		Amount owed to U.S. Marshal or <u>—</u>	
		Amount of Refund <u>—</u>	

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <i>Workinger</i>	COURT CASE NUMBER <i>CV-01-130</i>
DEFENDANT <i>Henderson USPS</i>	TYPE OF PROCESS <i>SAC</i>
SERVE 	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Henderson Postmaster General</i>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>USPS - 5315 Campbell Road, Pittsburgh, PA 15277</i>	
AT	

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Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service
Time
am
pm

Signature of U.S. Marshal or Deputy
A. Lavelle

Service Fee <i>\$8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>\$8.00</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

2/1/01 SAC sent cert. to Henderson. Return Receipt never returned to this office. AC